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BCS/CD-700	(Rev.	12/03

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MICHIGAN D	EPARTMENT OF LABOR BUREAU OF COMMERC		GROWTH	
Date Received	1			+
Date Received	(FO	R BUREAU USE ONLY)		
	This document is effective on the day subsequent effective date within 90 date is stated in the document.			
Name				
Address				
City	State	Zip Code	EFFECTIVE DATE:	
If left blank doc	turned to the name and address y ument will be mailed to the regist	ered office.		
	ARTICLES OF ORGANIZ			
(Plea	by Domestic Limited Liab se read information and instructions	on last page)		. Autologic
ARTICLE I	ovisions of Act 23, Public Acts o	t 1993, the undersig	gned execute the following	i Articles:
The name of the limite	ed liability company is:			
ARTICLE II				
	ses for which the limited liability illity company may be formed u			
ARTICLE III				
The duration of the limit	ited liability company if other tha	n perpetual is:		
ARTICLE IV				
The street address	of the location of the registered			
(Street Address)		(City)	, Michigan	(ZIP Code)
,	s of the registered office if difference			(2.1. 2007)
(Street Address or P.O. Bo	ox)	(City)	, Michigan	(ZIP Code)
3. The name of the re	sident agent at the registered off	ice is:		
ARTICLE V (Insert an	y desired additional provision auth	orized by the Act; atta	ach additional pages if neede	ed.)
	Signed thisda	y of	,	
	Ву	(Signature(s) of Organize	r(s))	
		(Type or Print Name(s) of Orga	anizer(s))	

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Preparer's Name	_
'	
Rusiness Telephone Number	

## INFORMATION AND INSTRUCTIONS

- 1. This form may be used to draft your Articles of Organization. A document required or permitted to be filed under the act cannot be filed unless it contains the minimum information required by the Act. The format provided contains only the minimal information required to make the document fileable and may not meet your needs. This is a legal document and agency staff cannot provide legal advice.
- Submit one original of this document. Upon filing, the document will be added to the records of the Bureau of Commercial Services. The original will be returned to your registered office address, unless you enter a different address in the box on the front of this document.

Since this document will be maintained on electronic format, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.

- 3. This document is to be used pursuant to the provisions of Act 23, P.A. of 1993, by one or more persons for the purpose of forming a domestic limited liability company. Use form BCS/CD 701 if the limited liability company will be providing services rendered by a dentist, an osteopathic physician, a physician, a surgeon, a doctor of divinity or other clergy, or an attorney-at-law.
- 4. Article I The name of a domestic limited liability company is required to contain one of the following words or abbreviations: "Limited Liability Company", "L.L.C.", "L.C.", "LLC", or "LC".
- 5. Article II Under section 203(b) of the Act, it is sufficient to state substantially, alone or with specifically enumerated purposes, that the limited liability company is formed to engage in any activity within the purposes for which a limited liability company may be formed under the Act.
- 6. Article V Section 401 of the Act specifically states the business shall be managed by members unless the Articles of Organization state the business will be managed by managers. If the limited liability company is to be managed by managers instead of by members, insert a statement to that effect in Article V.
- 7. This document is effective on the date endorsed "Filed" by the Bureau. A later effective date, no more than 90 days after the date of delivery, may be stated as an additional article.
- 8. The Articles must be signed by one or more persons organizing the Limited Liability Company. State name of the organizers signing beneath their signature.
- 9. If more space is needed, attach additional pages. All pages should be numbered.

To submit by mail:

Michigan Department of Labor & Economic Growth Bureau of Commercial Services Corporation Division 7150 Harris Drive P.O. Box 30054 Lansing, MI 48909 To submit in person:

2501 Woodlake Circle Okemos, MI (517) 241-6470

Name of person or organization remitting fees

Fees may be paid by VISA or Mastercard when delivered in person to our office.

MICH-ELF (Michigan Electronic Filing System):

First Time Users: Call (517) 241-6470, or visit our website at http://www.michigan.gov/corporations

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